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Brazil's Emancipation Network meets Health Humanities and Arts

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Project title:

Brazil's Emancipation Network meets Health Humanities and Arts: *Creative Curricula for At-Risk Communities to Address Inequalities*

Project summary:

Covid-19 has plunged Brazil into a deeper health crisis and exacerbated pervasive inequalities, with the WHO confirming 17,296,118 cases of COVID-19 in the country as of June 2021¹. The discrediting and attacking of scientists and health experts alongside rhetoric that living conditions are exclusively the result of choices and actions of individuals rather than systemic failures have reinforced individualism and a lack of community solidarity.

The [Emancipation Network](#), a 14-year old, established social movement working with several Brazilian higher-education institutions and 1,200 volunteer lecturers, and [InformaSUS](#) (the university partners on this bid) designed the *Collective Health in the Peripheries* course. This course, offered free of charge, was open to any interested party, from high school students to health professionals. The University of Edinburgh became an official course partner and applied Health Humanities and Arts (HHA) to address Brazil's pervasive inequalities.

Using co-created, immersive, virtual workshops which utilized HHA methodologies in the form of audiovisual and written prompts, we unpacked marginalised participants' experiences of inequality to identify urgent needs, future aspirations and imaginative solutions for specific vulnerable groups.

Planning/mobilisation commenced in February and the project ended mid-June 2021. Success indicators were captured through active participant engagement and an evaluation framework led by Brazilian partners.

This project provided innovative learning and critical thinking training for at-risk communities in Brazil to challenge the status quo and tackle pervasive inequalities through creative media. A citizen-led manifesto for change—informed by project findings—was created to explore the strategic next steps for bottom-up interventions for the shaping of policies, practices and subsequent research grants. We used an interactive multimedia platform, Conceptboard, to link and synthesize said creative manifesto to project activities and outcomes.

Partnership/Partners

This partnership virtually brought together:

Health Humanities and Arts (HHA) academics at the University of Edinburgh

- **Dr Marisa de Andrade**
PI on project; Programme Director for the MScR HHA at the UoE; overseeing HHA workshop development by training and managing the RA, who is a recent UoE MScR HHA graduate; workshop facilitator; lead on subsequent grants in development
- **Ms Leah Assaad Soweid**
RA on project, also a recent UoE MScR HHA graduate
- **University of Edinburgh Centre for Creative-Relational Inquiry**

¹ <https://covid19.who.int/region/amro/country/br>

(in particular Dr Rosie Stenhouse, Associate Director)

CCRI is a research center that fosters innovative qualitative research using humanities and arts methodologies

- **University of Edinburgh Performance Research Network**

Made up of staff from across the College of Arts Humanities and Social Sciences at the University of Edinburgh, the network's interdisciplinary approach involves colleagues working on performance technologies and technical practice in performing arts

Partners in Brazil

- **Universidade Federal de São Carlos**

Professor Gustavo Nunes de Oliveira, Public Health and Health Policy; Health Planning; Management and Evaluation (Lead/Co-ordinator InformaSUS; Researcher; Emancipation Network Educator)

- **Universidade Federal de São Carlos**

Prof Crispim Antonio Campos, Professor in the department of Medicine; Medical Humanities; Fine Arts (Researcher; Emancipation Network Educator)

- **Universidade Federal do Rio de Janeiro**

Dr Daniela Xavier Haj Mussi, Political Science; Journalism; Literature (Researcher; Co-ordinator InformaSUS; Emancipation Network Educator)

- **Emancipation Network**

an established, Brazilian grassroots social movement

- **InformaSUS**

a Brazilian University networking platform promoting scientific and social communication in health, education and public policy

- **Guest Speakers** (made up of Brazilian community leaders, health professionals):

Live 1: Dais Rocha (UnB), Sarah Marques and Wendreo Souza (Rede Emancipa São Paulo), Kimani, (young urban poet covering feminism and black culture)

Live 2: Raquel Rigotto (Federal University of Ceará), Vanda Ortega Witoto (Tribes Park – Manaus AM), Vagno Martins da Cruz (Forum of Traditional Communities of Ubatuba, Angra dos Reis and Paraty, Antonia Cariongo (Emancipa Quilombola Network – Maranhão), Iaporina (musician, covers resistance, racial equality, indigenous struggles)

Live 3: Joanna Ziller (LGBT Study Group - GEL - UFMG), Amanda Straw (Antra), Reverend Alexia Salvador (FUICM Reverend, professor and Human Rights activist)

Live 4: Rosana Batista Monteiro (Coordinator of the Center for Afro-Brazilian Studies UFSCar and GT Abrasco Saúde Pop Negra), Anna Karla Pereira (Front Favela Brazil), Thiago Torres, “Chavoso da USP”

Live 5: Rosana Pinheiro Machado (University of Bath – England), Mazé Moraes (Daisies), Luana Alves (Emancipa Network)

Live 6: Andreia Beatriz Silva dos Santos (Feira de Santana State University), Cristina Quirino (Mother of Denys Henrique, one of the victims of the Paraisópolis massacre in 2019), Maria Teresa dos Santos (Association of Friends and Families of People Deprived of Liberty), Rafael da Silva Almeida (Emancipates Network at DEGASE)

Finally, the participants that made up the course and participated in the HHA workshops included those living in urban favelas (slums), indigenous and rural communities cut off from mainstream health services, prisoners, the LGBTQ+ community, and ethnic minorities experiencing discrimination.

Activities

We were involved in all six of the course's virtual workshops that took place on the Emancipation Network's YouTube platform, which were as follows:

- 1: Urban and peripheral struggles for health (04/05/2021)
- 2: Indigenous, rural and forest struggles for health (11/05/2021)
- 3: Ways of living and loving in struggle for health (18/05/2021)
- 4: Antiracist struggles for health (25/05/2021)
- 5: Feminist struggles for health (01/06/2021)
- 6: Prison fights for health (08/06/2021)

Dubbed 'Lives', each of the above workshops covered different inequalities affecting different vulnerable groups (see below for details), with guest speakers working within that area (such as academics, activists, healthcare workers, etc) presenting their perspectives. We collaborated alongside our Brazilian partners to create six accessible, creative prompts, each relating to the topic of the week being discussed. Using audiovisual and written arts such as poetry and photography, the prompts were presented to the participants during the Lives, which ran alongside discussion forums and participatory evaluation.

To view the HHA prompts for each of the sessions, click on this link:
<https://app.conceptboard.com/board/cmz1-82d9-9pd4-oeu0-5b4m>

The participant responses were collected and translated after each Live. To view the responses to each to the prompts, click on this link: <https://app.conceptboard.com/board/7668-c5x4-mkm0-adnh-zyus>.

Open Talks: free and self-organised spaces for exchange:

In addition to the Lives, we also hosted Open Talks on Zoom, offered in parallel to the main course. The aim was to facilitate live dialogue and interactions with participants that covered topics they suggested, often relating to the week's workshop topic.

Our project team led an Open Talk for 90 minutes to delve into participants' lived experiences of their current realities in Brazil, their notions of reality and truth (ontology/epistemology), and their own imaginative solutions and aspirations. This was done through an HHA character building and world building exercise. The questions and responses can be found via this link:
<https://app.conceptboard.com/board/m0us-i9us-m0a0-tu12-fyut>

All of the Lives and Open Talks were recorded and made available on the Emancipa Network YouTube channel, generating a new wave of interactions, this time by those watching asynchronously. A key goal was the consolidation of an international collaborative network for the development of public policies based on collaborative HHA-informed design methodologies, mobilization and direct social participation of vulnerable marginal social groups.

Outputs

This bid was the first step in building a long-term, sustainable collaboration with Brazilian partners to address significant development challenges the country is facing through Health Humanities and Arts approaches. We envision a research programme integrating research, impact and teaching through the Emancipation Network in Brazil and the University of Edinburgh's innovative MSc by Research in Health Humanities and Arts. The aforementioned sessions were both activities and outputs.

Publications: A submission to the Qualitative Health Research Journal is in progress.

Funding Applications: Our partnership with health/medical humanities scholars, medical professionals, grassroots organisations, educational institutions and civic leaders allowed us to incorporate critical social scientific approaches to investigate how arts and humanities knowledge and practice can enhance and challenge understandings of health inequalities, well-being, policy making and politics through creative, non-threatening media. As such, our vision is closely aligned with Arts and Humanities Research Council (AHRC) grant (<https://www.ukri.org/opportunity/ahrc-standard-research-grant/>). An application is in progress. Our long-term goal is to hope to apply for the AHRC: Working with Brazilian researchers – UKRI – this is a 5 year project with a budget of up to £1 million.

The next step will be to carry out recommendations set out in the presented manifesto. We envisage a participatory model whereby the Community, University and Public Health system will work together to discuss, redefine and liberate existing (or non-existent) policies, practices and possibilities to regain territoriality for marginalised groups. Pedagogy of the Oppressed (Freire, 1968); Utopia as Method (Levitas, 2013) and Lygia Clark's seminal interactive art work unlayering the relationship between inside and outside-the self and world will inform our inquiry.

Indicators of success

Due to the popularity of The Emancipation Network's pre-university courses, the anticipated reach for *Collective Health in the Peripheries*, and, subsequently, the Health Humanities and Arts project, was 10,000 participants. The final number ended up being 15,903, far exceeding that expectation, with the average number of viewing per YouTube workshop ranging from 4,263 to 16,636.

The Health Humanities and Arts Open Talk had a total of 215 participants, with lively engagement and dialogue exchanged during the hour and a half.

2748 participants gave their feedback via an online survey distributed by our Brazilian partners. Of that number, 98% gave a 4 or 5 rating on an out-of-5 scale when evaluating the course as a whole, 87% gave a 5/5 on course relevancy, and 78% gave a 5/5 when evaluating the suitability of the online format of the course to their current realities. 85% claimed full comprehension of the oral and written information provided.

In terms of accessibility according to participant experience, there were several aspects covered by the survey:

-Course Resources:

57% 'Totally Satisfied'

30% 'Satisfied'

-WhatsApp Groups:

46% 'Totally Satisfied'

25% 'Satisfied'

-Open Talks:

41% 'Totally Satisfied'

29% 'Satisfied'

All participants were also asked which online accessibility features they learned about through the course, with the answers being one or more of the following: audio description, subtitling, accessible texts for screen reader, and Brazilian Sign Language.

The respondents were also asked to indicate which municipality/city in Brazil they took the course from, with a table summary below.

| Row Labels | Count of Field1 |
|------------|-----------------|
| SP | 774 |
| MG | 333 |
| RJ | 313 |
| BA | 166 |

| | |
|-----------------------|-------------|
| CE | 143 |
| RS | 126 |
| PE | 119 |
| AL | 115 |
| PA | 98 |
| PR | 71 |
| GO | 70 |
| SC | 58 |
| DF | 46 |
| MS | 44 |
| ES | 43 |
| RN | 39 |
| PB | 32 |
| MT | 29 |
| MA | 23 |
| SE | 22 |
| TO | 22 |
| AM | 20 |
| Não vivo no Brasil | 12 |
| PI | 11 |
| RO | 11 |
| RR | 5 |
| AC | 3 |
| Grand Total | 2748 |

Outcomes and impact

As the ninth largest economy in the world, Brazil's pervasive inequalities and political unrest has extensive consequences for global development. Multilateral collaborations are dwindling while its health system collapses – a situation worsened by the lack of a co-ordinated and equitable public health forum during the pandemic to make decisions by, for and with citizens (such as implementing vaccination campaigns). With political/other institutions functioning with limited accountability, citizens and scholars are calling for a unified, transformative and community-led vision of a peaceful and inclusive society. The poor quality of basic public education and limited access to universities by vulnerable groups targeted in this partnership meant future generations will be afflicted with perpetual disparities reinforcing gendered and racist divides. The knock-on effect is poor health and wellbeing in unsustainable and unsafe communities (in Brazil, education 'competes' with religion and crime, especially for the youth in marginalised neighbourhoods).

The Emancipation Network has been a gateway – if not lifeline – for disadvantaged communities as it has provided free critical education for the youth. Teenage students are handpicked by their families to access pre-University courses in the hope that they will attain entry into educational institutions (usually reserved for more affluent students with greater opportunities), and sustain families by ensuring subsequent employment. This project ensured cut-off communities could continue to be upskilled through educational outreach courses linked to the challenges they/their country is facing – healthcare reform; racism, sexism; lack of autonomy; and restrictions on academic and civic freedoms.

Participants from vulnerable communities simultaneously played an integral role in articulating their vision for a bottom-up, citizen-led 'manifesto' setting out their immediate needs and, perhaps more importantly, future aspirations. Engagements with targeted vulnerable groups through the Emancipation Network have shown that having a vision, being respected, heard and treated as equals is valued over receiving 'help' or 'handouts'.

Previous research with the Emancipation Network has also noted a distinction between formal knowledge (through experts and criticised institutions lacking accountability) and informal knowledge (in disadvantaged communities through grassroots word-of-mouth and civic leadership) – the latter resulting in more meaningful action linked to improved health outcomes. The participatory HHA methodology provided a space and mechanism for dialogue and articulation of a post-hegemonic health system by and for marginalised voices.

What this project has taught us is that the Brazilian people are hungry for change, and passionate about collective wellbeing and health. Throughout their Live responses, it was noted that fear for the present and future of the country was a main theme, however, the responses also indicated overwhelming determination of the Brazilian people, who were actively refusing to be silent and speaking up not only for themselves, but each other. Despite the urgency of the Covid-19 pandemic in Brazil, it was not mentioned very often within the responses across the six sessions. The concept of freedom, however, was paramount to the participants, be it freedom of speech, expression, movement, or freedom from their current situations, with many feeling constrained and trapped by their current reality.

Unlike the Lives, which often had targeted responses from specific groups (for example, the Feminist Struggles for Health had mostly women/female-bodied individuals responding to our prompt), The Open Talk garnered responses without us knowing which marginalized groups each participant belonged to. This was interesting because, despite experiences of inequities having distinct differences during the Lives, the responses for the Open Talk had many overlapping needs, aspirations and solutions. Interestingly, the importance of nature was a key factor in the majority of the responses, with many citing the lack of it as an urgent need.

Finally, this project has added to the already-existing literature of the strength of community-led co-production; carrying out research with instead of on groups, and acknowledging their expertise on their own lived experience, and how this paves the way for informed policy change.

OECD Sector Classifications

The OECD sector classifications most closely aligned to the project are as follows:

11110-Education policy and administrative management-Education sector policy, planning and programmes; aid to education ministries, administration and management systems; institution capacity building and advice; school management and governance; curriculum and materials development; unspecified education activities.

11182-Educational research-Research and studies on education effectiveness, relevance and quality; systematic evaluation and monitoring.

12110-Health policy and administrative management-Health sector policy, planning and programmes; aid to health ministries, public health administration; institution capacity building and advice; medical insurance programmes; including health system strengthening and health governance; unspecified health activities.

12261-Health education-Information, education and training of the population for improving health knowledge and practices; public health and awareness campaigns; promotion of improved personal hygiene practices, including use of sanitation facilities and handwashing with soap.

15130-Legal and judicial development-Support to institutions, systems and procedures of the justice sector, both formal and informal; Measures that support the improvement of legal frameworks,

constitutions, laws and regulations; legislative and constitutional drafting and review; legal reform; integration of formal and informal systems of law. Public legal education; dissemination of information on entitlements and remedies for injustice; awareness campaigns.

15150-Democratic participation and civil society-Support to the exercise of democracy and diverse forms of participation of citizens beyond elections; direct democracy instruments such as referenda and citizens' initiatives; support to organisations to represent and advocate for their members, to monitor, engage and hold governments to account, and to help citizens learn to act in the public sphere; curricula and teaching for civic education at various levels.

15160-Human rights-Measures to support specialised official human rights institutions and mechanisms at universal, regional, national and local levels in their statutory roles to promote and protect civil and political, economic, social and cultural rights as defined in international conventions and covenants; translation of international human rights commitments into national legislation; reporting and follow-up; human rights dialogue. Human rights defenders and human rights NGOs; human rights advocacy, activism, mobilisation; awareness raising and public human rights education. Human rights programming targeting specific groups, e.g. children, persons with disabilities, migrants, ethnic, religious, linguistic and sexual minorities, indigenous people and those suffering from caste discrimination, victims of trafficking, victims of torture.

16080-Social Dialogue-Capacity building and advice in support of social dialogue; support to social dialogue institutions, bodies and mechanisms; capacity building of workers' and employers' organisations.